

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-002790

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 273 Primary Registration District No. 3051 Registrar's No. 3  
**FILED JAN 22 1963**

## 1. PLACE OF DEATH

a. COUNTY

Perry

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWN

Perryville

Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Mo.

b. COUNTY

Perry

c. CITY OR TOWN

Perryville

Inside Limits

Yes ☒ No ☐

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION

Perry County Memorial Hospital

Inside Limits

Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)

346 N. Water

Reside on Farm

Yes ☐ No ☒

3. NAME OF DECEASED (Type or print)

First Middle Last  
Minnie Florence Thompson

4. DATE OF DEATH

Month Day Year  
Jan. 15, 1963

5. SEX

Female

6. COLOR OR RACE

White

7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐

April 8, 1888

8. DATE OF BIRTH

9. AGE (last birthday)

74

IF UNDER 1 YEAR IF UNDER 24 H

Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)

Perry County, Mo. U.S.A.

12. CITIZEN OF WHAT COUNTRY

13a. FATHER'S NAME

John Strickland

13b. MOTHER'S MAIDEN NAME

Theresa Swank

14. NAME OF HUSBAND OR WIFE

Martin O. Thompson

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

Willard Thompson, Perryville, Mo.

18. CAUSE OF DEATH (Enter only one cause per line)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Myocardial Infarction

INTERVAL BETWEEN ONSET AND DEATH

20 Min

DUE TO (b)

Coronary occlusion

30 Min

DUE TO (c)

Coronary artery disease

3 yrs

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH (but not related to the terminal disease condition given in PART I (a))

Generalized arteriosclerosis

PART III: If deceased was female was there a pregnancy in last 90 days

☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT SUICIDE HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 1957 to Jan. 15, 1963 and last saw her alive on Jan. 15, 1963  
Death occurred at 12:15 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

A. E. McDermott, MD (Degree or title)

22b. ADDRESS

Perryville, Mo

22c. DATE SIGN

1/17/63 (State)

23a. BURIAL, CREMATION, REMOVAL (Specify)

23b. DATE

Burial Jan. 19, 1963

23c. NAME OF CEMETERY OR CREMATORY

23d. LOCATION (City, town, or county)

Home Cemetery, Perryville, Mo.

24. FUNERAL DIRECTOR

ADDRESS

Albert Bay, Perryville Mo

25. DATE RECD. BY LOCAL REG.

1-18-63

26. REGISTRAR'S SIGNATURE

Joe J. Joellner

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

ITEM NO.

VS 300  
Rev. 4/59

DATE AMENDED

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2 0795

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**STATEMENT BY LICENSED EMBALMER**